

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

187

Primary Registration District No.

3023

Registrar's No.

288

STATE FILE NUMBER

63-039692

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clinton

Length of stay in 1b

3 Months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Clinton General Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Henry

c. CITY

OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

915 So. 2nd St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Catherine

G.

Waldeck

4. DATE OF DEATH

Month

Day

Year

Nov. 7, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/20/1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

7

17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Sec'y

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Martin Dolan

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

915 So. 2nd St.

Dorothy Root, Clinton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

3 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Gangrene - Left lower leg - Surgical Amputation

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1959

to 11-7-63

and last saw her alive on 11-7-63

Death occurred at

1:10

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. D. Bradshaw, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

11-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Nov. 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Brooklyn

23d. LOCATION (City, town, or county)

Brooklyn, N. Y.

24. FUNERAL DIRECTOR

ADDRESS

Vasant Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 8, 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10425

2 0425

3

4 1

5 2

6

7 1

8 2

94200

10

11

12 1-0

13 1-0

NOV 20 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

11-8-63

(MS)